Submitting Provider Name:_____

Are you submitting, with permission, a curriculum with *no revisions* owned by another entity that has previously submitted to DBHDID? Yes ____   No ____

908 KAR 2:260E Targeted Case Management
KY Department for Behavioral Health, Developmental and Intellectual Disabilities
Six (6)-Hour Children/Youth with Severe Emotional Disability (SED) Curriculum Criteria Rubric
To Satisfy Training Recommendations

The KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) recommends use of this rubric and related forms to ensure providers' submission of all necessary materials. This will allow the DBHDID staff to review the curricula in their entirety and make an approval decision or request supplementary materials in an efficient manner, within the period specified.

The following curriculum rubric details the core competencies to be included in the curriculum for the Behavioral Health Targeted Case Management Children/Youth with Severe Emotional Disabilities (SED) that is required in addition to the 12-hour Core Competency Curriculum for Behavioral Health Targeted Case Managers.

Overview of Core Competency Recommendations

- Core Competencies recommended as in-person, face to face training include:

    o Core Competency 1. Overview of the Phases and Principles of the Wraparound Process Based on the National Wraparound Initiative
    o Core Competency 2. Wraparound Phase 1: Family and Team Engagement
    o Core Competency 3. Wraparound Phase 2: Care Planning and Meeting Facilitation

- Core Competencies that may be provided other than in-person, face to face include:

    o Core Competency 4. Wraparound Phase 3: Plan Implementation and Monitoring
    o Core Competency 5. Wraparound Phase 4: Transition

- Interactive teaching strategies should be used for the core competencies.
- Any video or other media to be used should be submitted with the curriculum.

Directions for Curriculum Rubric Completion:

Include the submitting provider's name in the upper right corner on the first page. Provide the document file name of the corresponding core competency and then provide the page number for that specific item in the core competency as indicated in the following curriculum rubric. Please see the sections highlighted in yellow below. Once the information is completed on this rubric, save as a Word or PDF document. The curriculum submitted should be saved as a Word, Power Point and/or PDF document(s). For information on submitting the curriculum, please go to the Kentucky Department for Behavioral Health, Developmental and Intellectual and Disabilities website at http://dbhdid.ky.gov.

		Completed by Submitter of the Curriculum Provide document file name of the corresponding core competency and then provide the page number for each specific item in the core competency	Completed by the Reviewer		
Core Competencies of the Quality Curriculum	**Specifics for the Curriculum**	**Example: Core Competency 1 (*is the file name*), Page 3**	**Does not Meet**	**Partially Meets**	**Meets**
Core Competency 1. Overview of the Phases and Principles of the Wraparound Process Based on the National Wraparound Initiative (1 hour) ***Recommended as In-person, face to face format***	**Overview of the Phases and Principles of the Wraparound Process based on the National Wraparound Initiative: http://www.nwi.pdx.edu/**				
	Identify and define the 4 phases of Wraparound *(see below)*				
	• Phase 1	File Name: Page No.:			
	• Phase 2	File Name: Page No.:			
	• Phase 3	File Name: Page No.:			
	• Phase 4	File Name: Page No.:			
	Identify and define the 10 principles of Wraparound *(see below)*				
	• Principle 1	File Name: Page No.:			
	• Principle 2	File Name: Page No.:			
	• Principle 3	File Name: Page No.:			
	• Principle 4	File Name: Page No.:			

	• Principle 5	File Name: Page No.:		
	• Principle 6	File Name: Page No.:		
	• Principle 7	File Name: Page No.:		
	• Principle 8	File Name: Page No.:		
	• Principle 9	File Name: Page No.:		
	• Principle 10	File Name: Page No.:		
	Describe how these 10 principles of Wraparound (from above) guide the targeted case management planning process.	File Name: Page No.:		
	Define Severe Emotional Disability (SED) through diagnoses, disability and duration. *(see below)*			
	• Diagnoses	File Name: Page No.:		
	• Disability	File Name: Page No.:		
	• Duration	File Name: Page No.:		
	Provide an overview of at least five (5) behavioral health diagnoses that meet SED criteria and describe common symptomology and treatment. *(see below)*			
	• Example 1	File Name: Page No.:		
	• Example 2	File Name: Page No.:		
	• Example 3	File Name: Page No.:		
	• Example 4	File Name: Page No.:		
	• Example 5	File Name: Page No.:		

Core Competency 2. Wraparound Phase 1: Family and Team Engagement (1 hour) *Recommended as In-person, face to face format*	**Phase 1: Family and Team Engagement**				
	Define and provide the purpose of initial conversations for family, youth, and team members in Phase 1, as guided by National Wraparound Initiative.	File Name: Page No.:			
	Provide at least 3 sample questions each that should be used in initial conversations with each of the following: families, youth, and team members. *(scored below)*				
	• Three Sample Questions for Families　　1___ 2___ 3___ questions provided (for reviewer scoring only)	File Name: Page No.:			
	• Three Sample Questions for Youth　　1___ 2___ 3___ questions provided (for reviewer scoring only)	File Name: Page No.:			
	• Three Sample Questions for Team Members　1___ 2___ 3___ questions provided (for reviewer scoring only)	File Name: Page No.:			
	Define and provide the purpose of a needs and strengths assessment.	File Name: Page No.:			
	Explain the difference between client needs and services.	File Name: Page No.:			
	Provide evidence of a training exercise that provides the opportunity for the training participant to practice the development of a needs and strengths assessment.	File Name: Page No.:			
	Describe how to identify and support youth through the stages of change as defined by Prochaska and DiClemente *Stages of Change*.	File Name: Page No.:			
	Identify at least three ways for a targeted case manager to empower and support families in directing their care planning process. *(see below)*				
	• Example 1	File Name: Page No.:			
	• Example 2	File Name: Page No.:			
	• Example 3	File Name: Page No.:			
	Discuss the importance of natural supports within the team based process.	File Name: Page No.:			
	Provide at least three examples of natural supports for families and youth. *(see below)*				
	• Example 1	File Name: Page No.:			
	• Example 2	File Name: Page No.:			

		File Name: Page No.:			
	• Example 3	File Name: Page No.:			
	Provide evidence of a training exercise that provides the opportunity for the training participant to identify at least three strategies for effectively engaging natural supports in care planning process. *(see below)*				
	• Strategy 1	File Name: Page No.:			
	• Strategy 2	File Name: Page No.:			
	• Strategy 3	File Name: Page No.:			
Core Competency 3. Wraparound Phase 2: Care Planning and Meeting Facilitation (2 hours) ***Recommended as In-person, face to face format***	**Phase 2: Care Planning and Meeting Facilitation**				
	Define and describe the steps of care planning (identification of strengths and needs, prioritize needs, develop goals, develop objectives, identify resources, development of crisis plan, discharge and transition plan, set next meeting date). *(see below)*				
	• Identification of Strengths and Needs	File Name: Page No.:			
	• Prioritize Needs	File Name: Page No.:			
	• Develop Goals	File Name: Page No.:			
	• Develop Objectives	File Name: Page No.:			
	• Identify Resources	File Name: Page No.:			
	• Development of Crisis Plan	File Name: Page No.:			
	• Discharge and Transition Plan	File Name: Page No.:			
	• Set Next Meeting Date	File Name: Page No.:			
	Provide evidence of a training exercise that provides the opportunity for the training participant to practice the following: goal and objective development, crisis plan development and discharge plan development. *(see below)*				
	• Goal and Objective Development	File Name: Page No.:			
	• Crisis Plan Development	File Name: Page No.:			

	• Discharge Plan Development	File Name: Page No.:			
	Identify skills for effective service team meeting facilitation, including at a minimum: setting an agenda, establishing ground rules and reframing and redirecting, ending summarization of meeting and next steps). *(see below)*				
	• Setting an Agenda	File Name: Page No.:			
	• Establishing Ground Rules	File Name: Page No.:			
	• Reframing and Redirecting	File Name: Page No.:			
	• Ending Summarization of Meeting	File Name: Page No.:			
	• Next Steps	File Name: Page No.:			
Core Competency 4. Wraparound Phase 3: Plan Implementation and Monitoring (1 hour)	**Phase 3: Plan Implementation and Monitoring**				
	Describe the key elements of implementing and monitoring a care plan as guided by the National Wraparound Initiative.	File Name: Page No.:			
	Identify and describe the process of care plan modification.	File Name: Page No.:			
	Provide at least 3 examples of circumstances under which a care plan may be modified. *(see below)*				
	• Example 1	File Name: Page No.:			
	• Example 2	File Name: Page No.:			
	• Example 3	File Name: Page No.:			
	Provide evidence of a training exercise that provides the opportunity for the training participant to practice the following: Care plan modification including goal modification, objective changes and addition of new goals. *(see below)*				
	• Care Plan Modification including goal modification	File Name: Page No.:			
	• Care Plan Modification including objective changes	File Name: Page No.:			
	• Care Plan Modification including addition of new goals	File Name: Page No.:			

Core Competency 5. Wraparound Phase 4: Transition (1 hour)	**Phase 4: Transition**				
	Describe the steps for effective transitioning out of targeted case management services including the following: identification of needed treatment providers, natural supports, and linkage/connection to community resources. *(see below)*				
	• Identification of needed treatment providers	File Name: Page No.:			
	• Natural supports	File Name: Page No.:			
	• Linkage/connection to community resources	File Name: Page No.:			
	Identify at least 5 effective networking skills needed by the TCM to work with local community and state partners. *(see below)*				
	• Example 1 networking skill	File Name: Page No.:			
	• Example 2 networking skill	File Name: Page No.:			
	• Example 3 networking skill	File Name: Page No.:			
	• Example 4 networking skill	File Name: Page No.:			
	• Example 5 networking skill	File Name: Page No.:			
	• *OTHER – opportunity to share other examples (not scored)*	File Name: Page No.:			
	Provide evidence of a training exercise that provides the opportunity to learn about at least 5 community resources in the geographic area to be served and 2 state level resources. *(see below)*				
	• Example 1 community resource	File Name: Page No.:			
	• Example 2 community resource	File Name: Page No.:			
	• Example 3 community resource	File Name: Page No.:			
	• Example 4 community resource	File Name: Page No.:			
	• Example 5 community resource	File Name: Page No.:			

		File Name:			
	• Example 1 state level resource	Page No.:			
	• Example 2 state level resource	File Name:			
		Page No.:			
	• *OTHER – opportunity to share other examples*	File Name:			
		Page No.:			